

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



November 22, 2011

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Wahoo Fish Taco, 210 North 14<sup>th</sup> Street requesting a class I liquor license.

Bo Prince has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Bo Prince was born in Grant, Nebraska. He attended Chappell High School graduating in 2000.

Bo Prince employment history is as follows:

Present	Manager, Wahoo Fish Taco	Lincoln, NE.
2005 - 2010	Director of Operations, Prince Insurance	Colorado.
2003 - 2004	Banker, US Bank	Colorado.

Mr. Prince has been informed about the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Manager's information must be completed below PLEASE PRINT CLEARLY

Prints

Gender: ☒ MALE ☐ FEMALE

Last Name: Prince First Name: Bo MI: J

Home Address (include PO Box if applicable): 3848 S. 17th Street

City: Lincoln County: Lancaster Zip Code: 68502

Home Phone Number: 303-908-9681 (cell) Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: colo.

Date Of Birth: \_\_\_\_\_ Place Of Birth: Grant, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Denver CO	00	11	N/A		

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Form 103  
Rev 1/2011  
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**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Prince Brothers, LLC

**Premise information**

Premise License Number: \_\_\_\_\_  
(if new application leave blank)

Premise Trade Name/DBA: Whoo's Fish Taco

Premise Street Address: 210 N 14th St

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: 73

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)



APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of State's office)

Name of Registered Agent: ROBERT R. ROYER JR.

Name of Limited Liability Company that will hold license, as listed on the Articles of Organization

PERNCE Brothers LLC

LLC Address: 563 Clayton St.

City: Denver State: CO Zip Code: 80206

LLC Phone Number: 303-991-7227 ex 10 LLC Fax Number

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Prince First Name: Bo MI: J

Home Address: 3848 S 17th St City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 303-908-9681



Signature of Managing/Contact Member

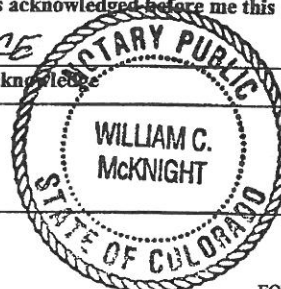
ACKNOWLEDGEMENT

State of ~~Nebraska~~ Colorado  
County of JEFFERSON

10/19/2011  
Date

The foregoing instrument was acknowledged before me this  
by Bo PRINCE  
name of person acknowledged

Affix Seal



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REV 12/2010  
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My Commission Expires 4/5/2014



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Prince First Name: Bo MI: J

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 20 percent.

Prints

Last Name: Prince First Name: James MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Elizabeth Prince

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 60

Prints

Prints  
~~Hand print~~

Last Name: Prince First Name: Elizabeth MI: J.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): James M. Prince

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 20%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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CONTROL COMMISSION

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